

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JUN 18 2014

Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-0152
Date:	6-23-14
Amount Paid:	\$125 6-19-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name:

Mailing Address:

City/State/Zip:

Telephone:

Address of Property:

City/State/Zip:

Cell Phone:

Contractor:

Contractor Phone:

Plumber:

Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s))

Agent Phone:

Agent Mailing Address (include City/State/Zip):

Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION

Legal Description: (Use Tax Statement)

PIN: (23 digits)

008-2-44-04-283 04-000-

4000

Recorded Document: (i.e. Property Ownership) Volume 885 Page(s) 385

SE 1/4, SW 1/4

Gov't Lot

Lot(s)

CSM

Vol & Page

Lot(s) No.

Block(s) No.

Subdivision:

303/170

Lot Size

Acres

4.5

Section 28

Township 49 N, Range 4 W

Bayview

Shoreland

☒ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes—continue →

Distance Structure is from Shoreline: 4-250 feet

Is Property in Floodplain Zone? ☐ Yes ☐ No

Shoreland

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue →

Distance Structure is from Shoreline: feet

Are Wetlands Present? ☐ Yes ☐ No

Shoreland

Value at time of Completion * include donated time & material

\$18,000

Project (What are you applying for)

of Stories and/or basement

Use

of bedrooms

What Type of Sewer/Sanitary System Is on the property?

Water

☐ New Construction

☒ Addition/Alteration

☐ 1-Story + Loft

☐ Seasonal

☐ 1

☐ Municipal/City

☐ City

☐ Conversion

☐ 2-Story

☐ Year Round

☐ 2

☒ Sanitary (Exists)

☐ (New) Sanitary

☐ Well

☐ Relocate (existing bldg)

☐ Basement

☐ 3

☐ Privy (Pit) or Vaulted (min 200 gallon)

☒ No Basement

☐ Portable (w/service contract)

☐ Compost Toilet

☐ Run a Business on Property

☐ Foundation

☐ None

☐ None

Existing Structure: (if permit being applied for is relevant to it)

Length: 30

Width: 30

Height: 1 1/2 story

Proposed Construction:

Length: 30

Width: 34

Height: 1 story

Proposed Use

☒

Principal Structure (first structure on property)

Residence (i.e. cabin, hunting shack, etc.)

with Loft

with a Porch

with (2nd) Deck

with Attached Garage

Bunkhouse w/ ☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities

Mobile Home (manufactured date)

Addition/Alteration (specify)

Accessory Building (specify)

Accessory Building Addition/Alteration (specify)

Special Use: (explain)

Conditional Use: (explain)

Other: (explain)

Dimensions

Square Footage

☐ Residential Use

☐ Commercial Use

☐ Municipal Use

Rec'd for Issuance

JUN 23 2014

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Address to send permit

Copy of Tax Statement

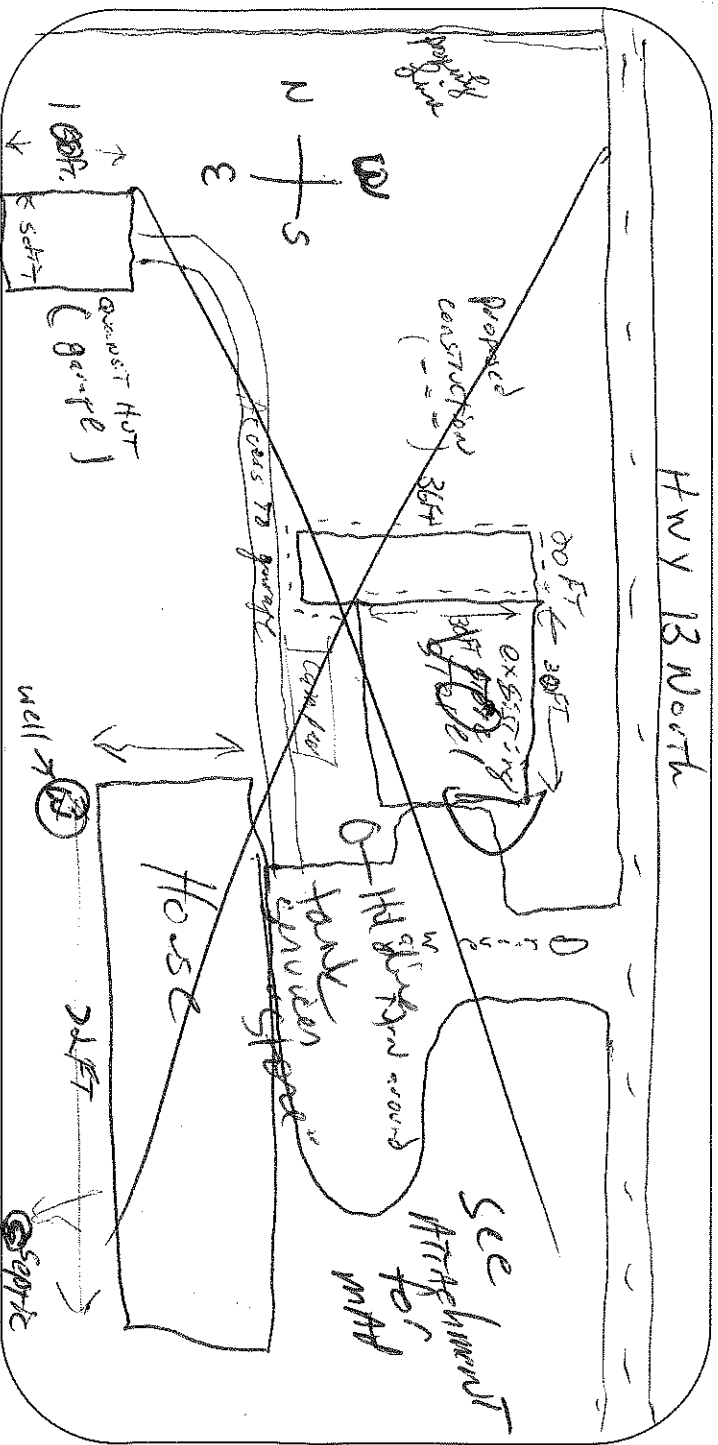
Attach

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- | | |
|---------------------------|-------------------------------------------------------------------------------------------------------------|
| (1) Show location of: | Proposed Construction |
| (2) Show / Indicate: | North (N) on Plot Plan |
| (3) Show location of (*): | (*) Driveway and (*) Frontage Road (Name Frontage Road) |
| (4) Show: | All Existing Structures on your Property |
| (5) Show: | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (6) Show any (*): | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond |
| (7) Show any (*): | (*) Wetlands; or (*) Slopes over 20% |



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	120 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	4-250 175 Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	105 Feet		
Setback from the South Lot Line	351 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	621 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	120 70 Feet	Elevation of Floodplain	Feet
	minus 400' 200'		
Setback to Septic Tank or Flooding Tank	63 Feet	Setback to Well	120 Feet
Setback to Drain Field	Building's Feet		
Setback to Privy (Portable, Composting)	20' to 40' Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from a previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 09-985	# of Bedrooms: 0	Sanitary Date: 08/26/09
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0152	Permit Date: 6-23-14			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required Affidavit Attached
Inspection Record: <i>Contractor on site to represent project. apply for owner on file 6-23-14 re: cost & improvements of 6 bldgs (see 2009)</i>	Zoning District: <i>(A-1)</i> Lakes Classification: <i>(3)</i>	Date of Re-Inspection:	Date of Re-Inspection:	Date of Re-Inspection:
Date of Inspection: 6-20-14	Inspected by: J. Greenberg, Murphy	Date of Re-Inspection:	Date of Re-Inspection:	Date of Re-Inspection:
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				

• Director Schiavoni, this Building is
per considered A "Roadside Produce Stand" and does not

Copyright © 2012

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JUN 20 2014

Bayfield Co. Zoning Dept.

ENTERED #:

14-0162

Date:

6-30-14

Amount Paid:

105.00

Refund:

6-20-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER			
Owner's Name:		Christopher & Joanne Moe				Mailing Address:		318 Ames Hill Dr. Bayfield, WI 54814				City/State/Zip:		Teuksbury, MA 01876		Telephone: 978-779-3602 978-851-4892 Cell Phone: 401-487-4892	
Address of Property:		82580 Hwy 13				Contractor Phone:		715-809-5476				Plumber:		Plumber Phone:			
Contractor:		Jason Guderman				Agent Phone:						Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
Authorized Agent: (Person Signing Application on behalf of Owner(s))						Agent Phone:						Agent Mailing Address (include City/State/Zip):					
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-008-2-50-04-33-1-05-001-11000		Recorded Document: (i.e. Property Ownership) Volume 1094 Page(s) 279		Subdivision:		Lot Size		Acreage		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1/4, 1/4		Gov't Lot 1		Lot(s) 3		CSM 575		Vol & Page 4		Lot(s) No. 160		Block(s) No.					
Section 23, Township 50 N, Range 04 W		Town of Bayview															

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water										
\$35,000.	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1 Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City										
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1 Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well										
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2 Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: HT	<input type="checkbox"/>										
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>										
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>									
					<input type="checkbox"/> Foundation	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None									

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	<input type="checkbox"/> with Loft	(X)	
	<input type="checkbox"/> with a Porch	(X)	
	<input type="checkbox"/> with (2nd) Porch	(X)	
	<input type="checkbox"/> with a Deck	(X)	
	<input type="checkbox"/> with (2nd) Deck	(X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	(X)	
	<input type="checkbox"/> Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/> Addition/Alteration (specify)	(X)	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Accessory Building (specify detached garage)	(26 X 28)	728
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(X)	
Rec'd for Issuance	Special Use: (explain)	(X)	
	Conditional Use: (explain)	(X)	
JUN 30 2014	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I, Secretarial Staff, (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Christopher & Joanne Moe
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

all attached

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	113 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	53 Feet	Setback from the River, Stream, Creek	
Setback from the North Lot Line	35 Feet	Setback from the Bank or Bluff	80 Feet
Setback from the South Lot Line	+150 Feet	Setback from Wetland	
Setback from the West Lot Line	53 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	80 to top of bluff	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Setback to Well	150 Feet
Setback to Drain Field	150 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: <u>14-01602</u>		Permit Date: <u>6-30-14</u>				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No		Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Case #:		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Inspected by: <u>J. Greenberg Murphy</u>		Date of Re-Inspection:	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Inspection Record: <u>site well staked previous garage approved at this location was never built.</u>		Zoning District	<u>Q1.1-Spencer</u>
Date of Inspection: <u>6-27-14</u>			Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)		Lakes Classification (R.R.3)	
Building + Eves must BE AT LEAST 80 FT FROM NEAREST point of ERODABLE BLUFF. Accessory is, for storage + sthng not BE USED FOR human habitation PLUMBING FIXTURES (interior) NOT PERMITTED unless APPROVED connection to CODE COMPLIANT SANITATION						
Signature of Inspector: <u>[Signature]</u> Date of Approval: <u>6-30-14</u>						
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

